

Manuscript version: Author's Accepted Manuscript

The version presented in WRAP is the author's accepted manuscript and may differ from the published version or Version of Record.

Persistent WRAP URL:

<http://wrap.warwick.ac.uk/132537>

How to cite:

Please refer to published version for the most recent bibliographic citation information. If a published version is known of, the repository item page linked to above, will contain details on accessing it.

Copyright and reuse:

The Warwick Research Archive Portal (WRAP) makes this work by researchers of the University of Warwick available open access under the following conditions.

Copyright © and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable the material made available in WRAP has been checked for eligibility before being made available.

Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Publisher's statement:

Please refer to the repository item page, publisher's statement section, for further information.

For more information, please contact the WRAP Team at: wrap@warwick.ac.uk.

PRESERVING A PROFESSIONAL INSTITUTION: EMOTION IN DISCURSIVE INSTITUTIONAL WORK

Forthcoming, *Journal of Management Studies*

Author Accepted Manuscript (Fully accepted October 24, 2019)

Elizabeth Goodrick, Florida Atlantic University

Lee Jarvis, University of Queensland

Trish Reay, University of Alberta

ABSTRACT

We studied the discursive institutional work written by pharmacy leaders as part of a larger institutional project to preserve the institution of pharmacy. Our analysis of monthly editorials printed in the *Journal of the American Pharmacists Association* from 1960 to 2003 shows how different discrete emotions were systematically incorporated in specific rhetorical argument structures over the course of an institutional project. In contrast to previous research, we show how discursive institutional work that is directed to members of the same specific social group (e.g. a profession) can vary over time in response to significant events and changes in practices of the target audience. Our longitudinal study shows that the relative frequency of argument types, the incorporation of emotion, and the content of rhetorical argumentation changed over time. We contribute to theory about the role of emotions in discursive institutional work by unpacking the role of discrete emotions and showing how such discourse evolves over time in concert with field conditions.

Key words: institutional work, rhetoric, emotions, professionals

INTRODUCTION

The concept of discursive institutional work is based on the understanding that institutions are largely constituted through language, and that consequently efforts to sustain and disrupt institutions typically involve discourse (Phillips et al., 2004). In particular, rhetoric – language used to persuade (Gill and Whedbee, 1997) – plays a key role in such discursive institutional work (Schildt et al., 2011). While studies of rhetoric grounded in concepts developed by Aristotle (e.g. Erkama and Vaara, 2010; Floris et al., 2013) have shown that persuasion can involve emotion, neo-institutional theorists have tended to focus on cognitive explanations of persuasive efforts with the consequent neglect of the often-emotional nature of discursive work. More recently we are beginning to see a broader consideration of emotions as implicated in various institutional processes (Lok et al., 2017); however there has still been insufficient attention to how emotions can play an important role in discursive institutional work.

In the small set of studies investigating emotion in discursive institutional work, research has so far been limited to focusing on the role of emotion in government reports intended to influence public opinion over a relatively short period of time (e.g. Brown et al., 2012; Herepath and Kitchener, 2016; Moisander et al., 2016). As a result, studies to date have shown ways that rhetorical appeals incorporating emotions were designed to develop broad based public support for specific institutional projects through processes such as narrativization (Brown et al., 2012) and diverting emotions (Moisander et al., 2016). However, rhetorical appeals are often directed to members of the same specific social group (such as a profession) rather than the general public, but we have little knowledge about how such persuasion efforts can be structured. This is an important omission to address because we expect rhetorical appeals directed at an internal audience to differ in both the specific emotions incorporated into rhetorical appeals and the timeframe involved. As illustrated by extant research (e.g. Brown et al., 2012; Moisander et al.,

2016), externally oriented appeals are often formulated toward gaining tacit support for a specific institutional project with minimal demands for material participation in the project. By comparison, internally oriented appeals – such as those made within well-bounded social groups like professions - are directed towards motivating substantive participation (e.g. modifying professional practices and routines). Consequently, discursive efforts to persuade within a well-bounded social group are more likely to take place over a relatively longer period of time since the embeddedness of existing practices and routines must be overcome.

We address this gap by examining the discursive institutional work of the American Pharmacists Association (APhA) directed at member pharmacists in connection with field-level events and practice changes as the APhA leaders attempted to preserve pharmacy as a professional institution. The grave threat to the viability of the institution of pharmacy arose because of the mass manufacturing of medications that began in the 1940s, in contrast to the previous era where individual pharmacists compounded each prescription in their own store. In the U.S., this shift in the nature of work meant that pharmacists' practices became routinized and mechanical. There was an increasing focus on selling other products (in addition to medications) in their stores. Little knowledge was needed to place tablets in containers or elixirs in bottles, and people with far less education than pharmacists could easily complete these tasks. Consequently, serious concerns arose about the long-term survival of pharmacy as an institution (Higby, 2003).

This threat was of primary concern to the leaders of the APhA, the oldest and largest professional association for pharmacists in the United States (U.S.). In response, APhA leaders warned pharmacists about the imminent dangers of allowing their distinct healthcare role to be displaced; they worked to reconstruct the institution of pharmacy based on pharmacists' expert knowledge rather than simply filling prescriptions by "counting and pouring" pills. These often emotion-laden messages were prominently displayed in the editorials of the Association's

journal, the *Journal of the American Pharmacists Association (JAPhA)*, which was delivered to all members. We see this text as discursive institutional work designed to preserve the institution of pharmacy. As such, it provides an excellent opportunity to investigate our research question: What role do emotions play in the construction of rhetorical efforts to preserve an institution?

To answer this question, we systematically analyzed monthly editorials published in the *JAPhA* from 1960 through 2003. Editorials are particularly appropriate types of text to analyze because they are a type of discourse that represents intentional efforts to persuade readers to change their point of view and to take particular actions (Farrokhi and Nazemi, 2015; van Dijk, 1995). In our analysis, we illuminate specific types of arguments that were used over time and their incorporation of discrete emotions as part of efforts to preserve the profession of pharmacy in the face of demise. By explicitly considering how the various types of arguments that comprise rhetorical appeals use specific emotions and how these relationships change over time in connection with wider events in the field, we are able to reveal underlying patterns in the ways particular emotions are incorporated in rhetoric to accomplish discursive institutional work.

We contribute to the institutional work literature in three ways. First, we explicitly consider how the audience matters in the construction of rhetorical texts. While studies to date have tended to gloss over how the nature of the audience is important to analysis of text, we show how arguments used to address a well bounded social group differ from previous research that has focused on discourse directed to a much wider audience – the general public. Our findings improve knowledge about the nature of rhetorical arguments and how they can vary by audience. Second, while the focus to date has been on detailing discursive strategies that involve a number of discrete emotions (e.g., Brown et al., 2012; Moisander et al., 2016), we highlight how component parts of a rhetorical appeal can incorporate emotion. We extend previous theory by explicating how different discrete emotions systematically support specific argument

structures as part of efforts to preserve an institution. By highlighting how specific argument structures may systematically appeal to audiences' emotions, we provide a finer-grained understanding of the discursive mechanics driving higher-order institutional dynamics. Third, by avoiding the more customary emphasis on outcomes evident in many studies (Reay et al., 2019), we contribute to improving theory about temporal dynamics and processes of institutional work. Our rhetorical data spanning more than 40 years allows us to show how discursive institutional work can change over the course of an institutional project. We reveal how different combinations of arguments incorporating specific emotions were used over time, showing how rhetorical argumentation can systematically evolve in concert with field level events and practice changes.

THEORETICAL BACKGROUND

As part of efforts to elaborate institutional work, there has been increased attention to how institutions – the enduring structures that provide templates for social action – can be changed and sustained through discourse. Broadly, research on institutional work is grounded in an understanding that agentic actors can navigate and shape the institutional order of an organizational field in addition to the institutional order governing actors (Hampel et al., 2017; Lawrence and Suddaby, 2006). Discursive institutional work focuses specifically on the role of language in these purposive efforts. Institutions are largely constituted through language, and thus efforts to purposefully shape or reinforce them typically involve discourse (Cornelissen et al., 2015; Lawrence and Suddaby, 2006; Phillips et al., 2004).

One important form of discursive institutional work is rhetoric (Lawrence and Suddaby, 2006; Schildt et al., 2011) which is the act of persuasion through language (Bizzell and Herzberg, 1990; Herrick, 2001). Rhetoric involves the deliberate use of language to influence meaning and shape action; it has been used as an analytic lens in institutional theory since

Alvesson's (1993) foundational paper (Green and Li, 2011). The conception of language as a strategic tool suggests that the agency of actors can be embedded in distinct linguistic practices (Green and Li, 2011; Phillips et al., 2004). The importance of rhetoric as a form of institutional work has been identified in research focusing on how language used "to influence an audience to some end" (Gill and Whedbee, 1997, p. 157) can affect higher-order institutional dynamics. Although the use of rhetoric does not always result in institutional effects, rhetoric is considered institutional work because it is purposeful activity intended to achieve a particular goal, whether that goal is the maintenance of the status quo or its disruption (Lawrence and Suddaby, 2006; Lawrence et al., 2011).

There have been a number of studies explicating how rhetoric as institutional work is accomplished. Some research has focused on unpacking the various overarching rhetorical strategies actors adopt in efforts to affect institutional change. For example, the rhetorical use of certain vocabularies that call attention to injustice or incompatibilities among multiple institutional arrangements has been identified as important in gaining support for institutional change (e.g. Harmon et al., 2015; Suddaby and Greenwood, 2005; Symon et al., 2008). Others have shown how the rhetorical linking of problems and solutions (i.e. theorization) contributes to the legitimacy of institutional projects (Greenwood et al., 2002; Mena and Suddaby, 2016) while the explicit articulation of the assumptions in an argument has been associated with destabilizing an institution through the creation of uncertainty (Harmon, 2019). Scholars also have highlighted the different rhetorical strategies that can influence actors' legitimacy assumptions upon which institutions are based. For example, institutional change can be presented as consistent with various societal metanarratives (e.g. MacLean et al., 2018; Ruebottom, 2013), consistent with the past (Goodrick and Reay, 2010), or inevitable (Suddaby and Greenwood, 2005) in an effort to be viewed as legitimate. Others have focused on how different argument structures can be linked to

the legitimacy of institutional changes (e.g. Green et al, 2009). Finally, research has suggested that institutional change can also hinge on actors' strategic rhetorical experimentation with alternative models (e.g. Malsch and Gendron, 2013).

Research has also considered how rhetorical institutional work facilitates the maintenance of institutions. Most of this literature has focused on attempts to repair legitimacy following a disruptive event that challenges the foundation of an institution. Both Desai (2011) and Elsbach (1994), for example, explicate how organizations may deploy rhetorical strategies as part of efforts to preserve or repair a field's legitimacy following disruptive events by defending existing practices. In contrast, Riaz et al. (2016) show how the position of institutions can be maintained even if their practices are no longer considered legitimate. They explain how the CEOs of U.S. banks used rhetorical strategies aimed at preserving their status in the field following the global financial crisis. Patriotta et al. (2011) focus on how actors can rhetorically appeal to different higher order principles in efforts to repair an institutional order whose legitimacy has been challenged by a disruptive event. And Micelotta and Washington (2013) explore the discursive repair work Italian professional associations undertook to reverse change and restore the status quo which had been severely disrupted by actions of the government.

While the study of rhetoric going back to Aristotle has recognized that persuasion can involve emotion, very few studies of discursive institutional work have explicitly considered how emotions are incorporated. This can be explained by the cognitive turn in institutional studies that privileged cognitive aspects of institutions to the neglect of affect (DiMaggio and Powell, 1991). Increasingly, however, emotions have been recognized as important in constituting institutions and institutional process (Lok et al, 2017; Zietsma and Toubiana, 2018). Building on concepts from the sociology of emotions (Stets and Turner, 2006; Turner and Stets, 2005), institutional approaches have suggested that emotions are inherently social in their nature

and are intersubjectively constructed even though they are experienced individually (Creed et al., 2014; Friedland et al., 2014; Toubiana and Zietsma, 2017; Voronov and Vince, 2012). Thus individually experienced emotions can serve to perpetuate or provide the motivation to change normative standards governing action or belief that comprise institutional structures (e.g. Creed et al., 2002; Voronov and Vince, 2012; Wright et al., 2017). Pointing to the role of emotions in the reproduction or change of an institutional order, this growing literature suggests that rhetoric incorporating emotion may be more effective at persuading others to disrupt, maintain, or create institutions than rhetoric relying on logic alone. Emotionally charged rhetoric has the potential to activate a parallel but distinct mode of reasoning that can both strengthen and challenge an audience's inferences based on 'logical' means-ends, cost-benefit considerations. The use of emotionally charged rhetoric thus represents an inherently important aspect of institutional work.

Emotions and Discursive Institutional Work

Although the importance of emotion in rhetoric has been shown (e.g., Dillard and Seo, 2013), there has so far been relatively little attention to the emotional aspects of rhetoric in studies of discursive institutional work. Some institutional studies implicitly include emotions but do not feature them prominently in their analyses (e.g., Creed et al., 2002; Suddaby and Greenwood, 2005). And a few researchers have spoken to the importance of "framing" that resonates emotionally with the intended audience in mobilizing support for an institutional project (Giorgi, 2017; Tracey, 2016).

The small amount of extant research explicitly addressing the role of emotion in discursive institutional work has generally analyzed government authored texts directed at the public produced over a relatively short period of time, focusing on their authors' attempts to marshal support for a new institutional initiative or a threatened institution (e.g. Brown et al., 2012; Herepath and Kitchener, 2016; Moisander et al., 2016). For example, Brown et al. (2012)

described how an Australian Senate Committee employed rhetorical strategies such as “narrativization” to evoke emotions in pursuit of support for institutional change to establish separate care facilities for the young disabled instead of housing them together with the elderly. Studying the Finnish government’s attempts to champion the Economic and Monetary Union of the European Union, Moisander et al. (2016) focused on how government-authored texts strategically invalidated emotions that could drive resistance and attempted to evoke emotions in the public that supported the adoption of the Euro. Herepath and Kitchener (2016) analyzed UK government inquiry reports regarding National Health Service scandals, showing how the rhetorical strategies of “personalization” and “anonymization” contributed to the repair of the embattled institution. All of these studies focused on analyzing emotion-laden discourse in public reports at a particular point in time.

Although these studies have clearly contributed to our understanding of how emotions can support discursive institutional work, they have yet to illuminate how emotions can be incorporated in rhetorical appeals directed at an internal audience such as members of the same profession. We expect that rhetorical appeals oriented at an internal rather than an external audience involve different emotions and a different time frame. External appeals, on which the literature to date has focused, are about gaining public support for a new institutional initiative or an embattled institution, but such support generally does not come coupled with exhortations to engage in significant material action. Conversely, appeals directed towards members of the same well-bounded social group (e.g. the same profession) might ask their audience to change heavily sedimented practice and/or routines. These differences suggest that persuasion directed at an internal audience is likely to take place over a longer period of time than that oriented at an external audience. This is important because change that occurs over a lengthy period of time is likely to include multiple iterations that should be considered as a whole rather than as snapshots.

In this paper, we explore how emotions can be incorporated into rhetorical appeals directed at an internal audience. We do this by examining editorials published in the *Journal of the American Pharmacists Association (JAPhA)* directed at member pharmacists in response to the threat of professional demise: the potential elimination of pharmacists as a direct result of mass manufacturing medications. We examine the discursive institutional work appearing in the Association's journal as part of a larger institutional project to preserve the institution of pharmacy in response to and in connection with field level events and practice change. The research question we address is: What role do emotions play in the construction of rhetorical efforts to preserve an institution?

METHODS

Research Setting

The institution of pharmacy in the U.S. is an excellent setting to investigate how emotions contribute to discursive efforts to preserve an institution over time for several reasons. First, professional institutions have been identified as the premier institutions of our time (Scott, 2008). Second, pharmacists were threatened with professional extinction following the proliferation of mass manufactured medications in the 1950s (Sonnedecker, 1986), a potentially emotionally charged event given its implications for the distinctive competencies in which pharmacists took pride. Finally, the Association responded to the potential elimination of pharmacists with a long term institutional project designed to prevent the profession's demise. Since this institutional project developed and evolved over time, focusing on pharmacy provides the opportunity to examine text directed at members of the profession in conjunction with field level events and practice changes.

Data Sources

Our interest was in understanding how rhetorical appeals incorporated emotion as part of

discursive efforts to preserve the institution of pharmacy and how this changed over time in relation to field level events and practice changes. To accomplish this, we focused on two sets of publicly available empirical materials. The first set was composed of historical documents and books written on the history of pharmacy. We gathered history books to gain a broad understanding of pharmacy and changes over time (e.g. Griffenhagen, 2002; Sonnedecker, 1986; Williams, 1998). We then reviewed professional and government documents and reports germane to the APhA and professional leaders' responses to mass manufacturing of prepared pills and elixirs (e.g. Garst and Berado, 2000; Gosselin and Robbins, 1999; Posey, 2003; US Department of Health and Human Services, 2000). We also collected empirical articles that document changes in pharmacists' practices over time (e.g. Meade, 1992; Rodowskas and Gagnon, 1972; Rowles et al., 1974; Schommer et al., 2002; Spetz et al., 2017; Zoeller, 1998). Collectively, these materials provided us with an understanding of the historical evolution of the institution of pharmacy which we report below as an analytic narrative.

Alongside the historical data, we examined monthly editorials published in the *JAPhA*. Through immersing ourselves in the historical materials, we identified the importance of editorials in the national professional journal that provided a record of the arguments made at the time by the profession's leadership. Established in 1852, the APhA is the professional association for U.S. pharmacists; it has been publishing a journal since 1912. Prior to the digital age, professional journals were a particularly important source of professional communication and provide a record of association leaders' communications to member pharmacists. Editorials are a type of discourse that represents intentional efforts to persuade readers to change their point of view and/or take particular actions (Farrokhi and Nazemi, 2015; van Dijk, 1995). Since rhetorical studies focus on efforts to be persuasive and involve the deliberate use of language to influence meaning and shape action (Alvesson, 1993; Andrews, 1990), editorials were a

particularly appropriate text for our analysis.

Based on our reading of the history of pharmacy, we systematically collected all the monthly editorials for the years 1960 to 2003. We identified 1960 as the beginning of the first phase of APhA's response to the potential elimination of pharmacists as this is when the editorials began to raise awareness about the possibility of the profession not surviving. Our ending point of 2003 reflects extending the data set a few years beyond any significant attention to professional role and status.

Analytic Narrative of Pharmacists' Roles

Overall, the history of the APhA's response to potential elimination of pharmacists as meaningful participants in the health care team can be categorized into three phases: (1) Raising Awareness of Threats to the Profession (1960 to 1964), marked by the appearance of concerns about the survival of pharmacy in the editorials; (2) Advocating an Expanded Professional Role (1965 to 1990), marked by the introduction of a pharmaceutical center at the APhA annual conference; and (3) Promoting "Pharmaceutical Care" (1991 to 2003), marked by the adoption of "pharmaceutical care" as the mission of the Association.

(1) Raising Awareness of Threats to the Profession (1960 to 1964)

Although pharmacists have a professional function based on science, community pharmacists in the U.S. have traditionally operated within a business framework (Sonnedecker, 1986). In contrast to many other Western countries, few pharmacies have ever been devoted only to activities related to medications; rather a variety of other goods have also been sold. This reflects both the less-regulated American economy and lower level of government protection for pharmacists in the form of controls on the number of pharmacists and who can own pharmacies (Sonnedecker, 1986). While U.S. pharmacists historically combined their professional and commercial roles, this balance was threatened by mass manufacturing of pharmaceuticals that

began in the 1940s.

Prior to mass manufacturing of pharmaceuticals, pharmacists' work required significant knowledge and skill to compound medications (i.e. the mixing of ingredients to create therapeutic remedies). Pharmacists' practices became increasingly routinized as their role changed to dispensing mass produced drugs; historians pejoratively refer to this as "count and pour pharmacy" (Whitney and Nahata, 2009). In 1926, pharmacists compounded 80 percent of all medications, while only 4 percent of medications were compounded in 1961 (Sonnedecker, 1986). Pharmacists' role in the health care system was reduced to being a channel of distribution for the pharmaceutical industry (Hepler, 1987). Overall, there was escalating concern among pharmacy leaders that pharmacists risked losing their professional status and that the profession itself was at risk (Posey, 2003). By the end of this phase, there was increased acknowledgment among pharmacists that a new practice focus was needed (Dolinsky and Lonie, 2003).

(2) Advocating an Expanded Professional Role (1965 to 1990)

Professional leaders developed and began to advocate for a new model of work based on pharmacists' expert knowledge rather than the routinized tasks of filling prescriptions. This new approach was formally launched with the APhA's introduction of the "pharmaceutical center" at its 1965 annual meeting, which set out the desired shift towards pharmacists providing information and counseling as well as dispensing medications (Griffenhagen, 2002). Pharmacy leaders began to advocate for pharmacists to alter their practices in ways that would expand their roles. While pharmacists previously held a "product orientation," the new proposed practices were based on a "patient orientation" (Zellmer, 2003). As part of the process, the APhA revised its Code of Ethics in 1969 to eliminate the existing prohibition against pharmacists informing patients about their drugs, which had traditionally been considered the role of physicians. As the concept of "clinical care" spread in the late 1960s and 1970s, pharmacists began to counsel their

patients more often (Higby, 2000). In 1972, 27 percent of patients received counseling on drug use (Rowles et al., 1974). By 1974, the federal government recognized the importance of this expanded role and required that nursing homes employ pharmacists to conduct monthly medication reviews. According to an APhA survey in 1990, pharmacists' practices continued to change with 60 percent of patients now receiving counseling (Meade, 1992).

(3) Promoting “Pharmaceutical Care” (1991 to 2003)

In 1991, the APhA endorsed the concept of “pharmaceutical care” in its new mission statement, stressing that the goal of pharmacists was to help patients make the best use of their medications (Zellmer, 2003). Introduced at a national conference in 1989, the concept of “pharmaceutical care” built upon the previous expansion of pharmacists' practices.

Pharmaceutical care more specifically denoted an approach where pharmacists' expertise about medication should become a key part of a patient-centered team approach to healthcare (Hepler and Strand, 1990). In 1993 the value of pharmaceutical services was further recognized with implementation of a new federal government requirement that pharmacists offer counseling and perform drug use reviews for Medicaid recipients (the U.S. federal aid program for low income patients) which 45 states subsequently required for all patients (Vivian and Fink, 2008).

Pharmacists also began to expand services beyond counseling and drug utilization; a survey of community pharmacists found that 24 percent offered disease management programs (Zoeller, 1998) and later research showed that pharmacists were increasingly integrated into systems of care utilizing their expertise beyond dispensing (Spetz et al., 2017). A 1999 study found that 64 percent of patients reported being counseled (Assa and Shepherd, 2000) while a 2000 national survey showed that pharmacists spent 28 percent of their time on consultation and drug management responsibilities compared to less than 9 percent in 1970 (Schommer et al., 2002).

Analysis of the Editorials

Our interest was in understanding how rhetorical appeals incorporated emotion as part of discursive efforts to preserve the institution of pharmacy, and how this changed in relation to field level events and pharmacy practice changes over time. Our analytic focus was on the different types of arguments comprising the rhetorical appeals and how they varied over time. We began with all three authors reading the editorials independently and making note of interesting patterns (Drisko and Marxhi, 2016). Consistent with discourse analysis (Gee, 1999; Schiffrin et al., 2003; Wetherell et al., 2001), we read and re-read all journal editorials from 1960 to 2003 (published monthly) to identify text segments containing an argument related to pharmacists' professional role, status and practice. Following multiple rounds of discussion, we initially identified 1,218 discrete text segments of varying lengths. This was subsequently reduced to 914 as we sharpened our analysis to focus only on text segments containing a complete argument; we ensured that all text segments in our data set included an implicit or explicit conclusion as opposed to only providing reasons or evidence for a conclusion (Grimshaw, 1990).

Next, we closely examined the structure of the arguments used in the text segments, classifying the text segments by argument type using Smith's (1969) Aristotelian typology of argument structures (see Weaver, 1967 for a similar categorization). We categorized the arguments into one of five types: (1) argument by definition (2) argument by comparison, (3) argument by testimony, (4) argument by relations, and (5) argument by circumstances. After a coding dictionary was developed collaboratively by all three authors, the first author categorized the arguments. To evaluate the coding reliability, a trained PhD student coded the arguments in five-year increments. There was 87 percent agreement between the two coders. Discrepancies were resolved through discussion. Table 1 explains these categories and provides examples.

As we classified the text by argument type, we took notice of the often emotional nature

of the arguments made, speculating that the argument types might vary systematically by the type of emotion they incorporated. On this initial hunch, we then evaluated each argument type as to whether it drew on emotions, and if so, which emotions, in attempting to convince the audience. We did this by focusing our attention on the structure of the argument. Through this process, we evaluated arguments by relation, arguments by comparison, and arguments by circumstance as incorporating emotion. We evaluated arguments by definition as not incorporating emotion because of the close link to formal logic; once the premises are accepted as true the syllogism gives undeniable proof of its conclusion (Smith, 1969). Arguments by definition thus rely on logic by taking the form of an implicit syllogism in which the conclusions follow from the acceptance of the premise. We evaluated arguments by testimony as not incorporating emotion because of their reliance on authority including experts, statistics, laws, and precedent as the legitimate basis for their conclusion. Neither of these argument types is inherently suited to the inclusion of emotion because of the reliance on formal logic and authority for effectiveness (Smith, 1969).

In the argument structures incorporating emotion, we identified four different emotions that were repeatedly drawn upon: shame, anger, hope, and fear. Shame is a social emotion that results from the perception that one's behavior transgresses norms governing the communities in which one is embedded. Institutional guardians or "shamers" who are committed to existing prescriptions for patterns of behavior, belief, or values police the boundaries of acceptability by making nonconformists aware of their missteps (Creed et al, 2014). Shame can thus motivate compliance with institutional prescriptions (Scott, 2008). Anger varies in intensity ranging from "feelings of irritation, annoyance, fury, [to] rage" (Spielberger et al., 1985, p. 28). Anger can be a form of righteous indignation based on an analysis of injustice as well as a reflex response (Jasper, 2011). According to Gamson (1992, pp. 31-32), righteous anger "puts fire in the belly

and iron in the soul,” and consequently actors often attempt to elicit anger at injustices or inequities to mobilize participation in an institutional project designed to redress these problems (Flam, 2005). Hope is the feeling that it is possible to obtain a valued outcome (Lopez et al., 2003) and hopeful anticipation of a consequence has been portrayed as one of the greatest spurs to action (Gupta, 2009; Jasper, 2011). Fear is the “perception of threat to some aspect of well-being” (Wurff and Stringer, 1988, p. 137) and consequently may serve to preserve organizations and institutions (Gill and Burrow, 2018). Fear commonly motivates conformity to proffered alternatives (Flam, 2005).

FINDINGS

Below we present our analysis explaining how argument structures incorporated emotion as part of discursive institutional work to preserve the institution of pharmacy. This evolved over the three phases identified through our review of historical documents: (1) Raising Awareness of Threats to the Profession (1960 to 1964), (2) Advocating an Expanded Professional Role (1965 to 1990), and (3) Promoting “Pharmaceutical Care” (1991 to 2003). First, we explain how emotions were included in: (1) arguments by relation, (2) arguments by comparison, and (3) arguments by circumstance over the course of the three historical phases. Following that, we show how the inclusion of emotion in the argument structures changed over time.

Arguments by Relation

Arguments by relation make antecedent-consequence links where X leads to the probability of Y. In our data set, we found that arguments by relation were linked to both positive and negative consequences that incorporated fear, hope, and shame in the attempt to convince pharmacists to take particular actions to preserve the institution of pharmacy.

Additional examples of arguments can be found in Table 2 and their frequency over the phases in

Table 5. Tables 3 and 4 summarize the findings presented below.

Fear. Arguments by relation positing a relationship between current pharmacist practices and the possibility of a negative future for pharmacists incorporated fear. In terms of the X leads to Y structure, these arguments associate fear with Y. By linking negative future consequences with a continuation of the present situation, arguments drawing on fear attempted to convince pharmacists that they must take action to avoid the realization of the threat.

During the first phase, Raising Awareness of Threats to the Profession, we observed that threats to the profession were made clearer through arguments by relation that painted a bleak picture of pharmacists' future unless they collectively fought against challenges to their professional status. Taking a commercial rather than professional orientation was presented as endangering pharmacists' future. The demise of compounding and the concurrent reduction in the value of pharmacy practice had resulted in concerns that pharmacists could become "ordinary merchants" (February 1964) rather than professionals. For example, arguments presented a plea to pharmacists that they take action to stop the advancement of mail order pharmacies. These arguments incorporated fear by linking the potential loss of all local professional pharmacies to allowing "commercial adventurers" to grow. Pharmacists were told that "if all of pharmacy – every individual, every organization – is not now vigilant, the future fate of pharmacists may be the ignominious loss of professional pharmacies which eliminates the physician-patient-pharmacist relationship" (May 1960). At the same time, pharmacists were advised to fear their future demise if they continued to take a commercial orientation rather than adopt professional behaviors similar to other more highly recognized professions:

Furthermore, it is important to recognize that we will not be successful ... convincing the public that the pharmacist is a professional man like the physician and the dentist-if we continually pinpoint "up front merchandising" or if we persist in using merchants' jargon. (August 1962)

In both examples above, arguments by relation incorporated fear by presenting a bleak future if pharmacists did not adopt professional behavior consistent with the association's preferred course of action.

In the second phase, Advocating an Expanded Professional Role, a "pharmaceutical center" was introduced at the APhA's 1965 annual meeting, reflecting increased acknowledgment of the need for pharmacists to find new roles. In this phase, there were both different and fewer arguments by relation incorporating fear. Practices consistent with the pharmaceutical center initiative were advocated and failure to adopt these new practices was linked to the demise of professional pharmacy. For example, a 1965 editorial argued that "institution of a suitable family prescription record is still another approach in expanded professional services which is the only road to pharmacy's professional survival" (April 1965). In some arguments, the threat of others taking over pharmacists' responsibilities (making pharmacists irrelevant) was set out by the APhA in efforts to convince pharmacists to embrace expanded professional roles:

If pharmacists refuse to stay abreast of the times, they will be left out, while others chart the future course of our profession through the currents of change. (July 1969)

If we as pharmacists, do not change our manner of thinking, we may find that someone may change it for us. If we in our practice cannot or will not begin to emphasize our professional roles, we may find no professional opportunities left. (February 1969)

In these examples, we see that fear was incorporated into the argument by relation by linking the continuation of non-professional behavior with a negative future where pharmacists were obsolete. These arguments clearly present a threat to be feared as part of the efforts to convince pharmacists to adopt the desired professional practices.

As increasing numbers of pharmacists began to adopt aspects of clinical care (60 percent of patients were offered counseling in 1990), the arguments by relation incorporating fear of a

negative future changed. Instead of threatening the status or survival of pharmacists in general, the arguments narrowed to target only pharmacists who had not yet adopted the desired practices:

Change is inevitable. Health care itself is in constant flux The pharmacist who doesn't recognize that the practice is evolving and that new skills and knowledge must be learned and applied every day in every practice environment will not long endure. (June 1980)

First, all pharmacists will provide good pharmac(eutical) services, because those who don't won't survive. (January 1990)

In the final phase of our data set, Promoting “Pharmaceutical Care,” marked by the adoption of pharmaceutical care as the official mission of the Association, we observed that the arguments by relation incorporating fear decreased again in frequency and changed to reflect the progress pharmacy had made. As pharmacists increasingly broadened their practices to include counseling and education (Higby, 2000), the concern in the text was on pharmacists becoming complacent. Arguments by relation that incorporated fear set out a negative future that could occur if pharmacists were not on guard against a return to the old ways. These arguments were directed at all pharmacists to avoid them being satisfied with progress to date because they risked the future deterioration of the profession:

Unless new non-dispensing services are recognized as valuable and pharmacists are trained to participate in them, pharmacists' jobs will be lost and patients will lose the valuable medication management services that pharmacists have to offer. (April 1996)

[There] is no greater error than assuming that our pharmaceutical care turf will be uncontested. Nurses, case managers and others...will aggressively pursue such opportunities. This is not a time to be complacent. (July 1999)

Here arguments by relation incorporated fear by presenting danger as lurking, despite progress, encouraging pharmacists to continue to be diligent. Being too comfortable with the progress pharmacists had made was linked to the undesirable possibility of gains to date being lost.

Overall, we observed that arguments by relation linking obligations and duties to consequences were initially directed at placing responsibility on pharmacists for the demise of the profession if they did not engage in specific actions. After the idea of the pharmaceutical center was introduced, reflecting increasing acknowledgment of a need for new roles, the focus switched to reprimanding those not involved in the new initiative. In the third phase, after many pharmacists' practices had changed to become more professional, the emphasis was on bringing the laggards in line with the Association's standards.

Hope. We found arguments by relation making antecedent-consequence links where X is linked to the probability of a positive Y to incorporate hope. By linking specified actions to a positive future, arguments drew on hope that the outcome could be achieved. Thus, hope was incorporated in arguments by relation designed to change pharmacists' actions.

In the first phase of Raising Awareness of Threats to the Profession we found that arguments by relation incorporated hope for the survival of the profession by explaining how it was possible for pharmacists to prevent their own demise. Pharmacists were encouraged to believe that it was possible for them to find new roles that were critical to their professional survival. For example, pharmacists were told that, "There is indeed a price on professional survival, it is beyond the collective reach of any professional society, but it is within the hand of every individual practitioner" (February 1960). The development of new professional services, seemingly central to the survival of the profession, was also linked with rewards likely to be desirable to member pharmacists. The following argument suggests that if pharmacists become indispensable for patient care, then the profession could survive:

...we will have to find or create new professional services to supplement the dispensing of prescription...Let's figure out how we can be indispensable health professionals. If we become such professionals, then I can tell you, as surely as night follows day, that we will finally get the recognition and remuneration we deserve for our services. (February 1964)

In the first example, an argument by relation linked the survival of the institution of pharmacy to the efforts of individual pharmacists, suggesting that there was hope for the survival of pharmacy if pharmacists took action. In the second example, recognition and financial rewards were linked to pharmacists broadening their professional responsibilities. In both, arguments drew on hope by setting out positive outcomes that could be accomplished.

In the second phase, following the introduction of the “Pharmaceutical Center” at the APhA’s annual meeting, the APhA began to advocate for new professional roles. Although arguments by relation incorporating hope decreased in frequency, we observed that these associated new practices and a concomitant public acknowledgement of their value were linked to the long-lasting reconstruction of the profession:

This will not come easily – rebuilding never does. However, with a proper understanding of the attitudes of today's patient, and with a concerted effort ... to communicate the awareness and value of comprehensive pharmaceutical services, it can be done. (January 1973)

We observed that revitalizing the profession was portrayed as a difficult task that required a great deal of effort on the part of individual pharmacists, and that this outcome was achievable if pharmacists would commit themselves. By linking pharmacists’ efforts to the reconstruction of the profession, arguments by relation incorporated hope that the desired outcomes could be obtained. In this way, arguments by relation connecting positive consequences to specific actions encouraged pharmacists to persist, even in the face of difficulties.

In the third phase, arguments by relation incorporating hope continued to decrease in frequency and change in content. As pharmacist practices changed over time with increased counseling and other knowledge-sharing activities (60 percent of patients were offered counseling in 1990), we observed that arguments by relation were modified to focus on the importance of pharmacists continuing to make further changes in their practice. Arguments now

linked ongoing professional practices with the possibility of long-term revival and achievement of their collective dreams, which were portrayed as well underway. These arguments by relation drew on hope to construct a positive future where pharmacists could further develop pharmaceutical care practices:

That counter space between pharmacists and patients is our most powerful advantage in health care reform, because, simply, pharmacists are in every community in America... With more patient information, the ability to document our actions and proper compensation, we will become an even more powerful and effective force in our communities. (October 1991)

If we all make the commitment, the profession of pharmacy will thrive on that change and will emerge as a revitalized profession. Pharmaceutical care is a patient centered strategy that will once again make pharmacy a health care profession that is indispensable to society. All we have to do is come together and make it happen. (June 1995)

Overall, we see that arguments by relation incorporated hope by linking pharmacists' actions to the possibility of a desirable future. The frequency of arguments decreased over time and content of the arguments was altered as pharmacists gradually broadened their professional practices. The positive outcome was modified from an initial focus on survival to continual renewal of the profession later on.

Shame. We also observed that arguments by relation incorporated shame. These arguments articulated a link between pharmacists failing to fulfill their professional obligations and negative future consequences. The idea of obligation or duty implies a moral imperative that should be fulfilled; to not do so breaches normative professional standards of acceptable behavior. Shame was involved in these arguments because they attempted to make pharmacists conscious of how their own behavior transgressed professional standards; arguments reinforced the moral obligation to engage in specified actions. In terms of the X and Y structure, shame was associated with X, i.e., unfulfilled obligations and duties while Y was the negative consequences.

In the first phase, we observed that arguments by relation implied that pharmacists'

current failure to fulfill their professional responsibility was itself a threat to the profession.

These arguments incorporated shame by suggesting that pharmacists' lack of appropriate action would lead to the decline of the profession. The examples below refer to the APhA's desire for pharmacists to provide information to the public as well as dispense medications:

Unless pharmacists in communities which make use of the APhA-produced family health forums *actually* accept the responsibility of serving as a source of reliable family health information, the programs will have little value. If the patron finds only a sales clerk with whom to discuss the sought-after health information on chronic diseases, the patron is sure to receive an adverse impression. ... The result is a complete failure of pharmacy's entire PR program. (August 1963, emphasis added)

The ultimate objective of all such programs is to increase the frequency with which patrons rely on the pharmacist for information about health matters. ... Patrons must find that pharmacists are knowledgeable and competent to answer their questions or to direct them to competent sources for the answers; if they are disappointed at this juncture, the entire program will fail. ... It is at this juncture that opportunities and obligations must become inseparable. (October 1964)

In emphasizing the obligation of pharmacists to provide information to the public, these arguments incorporated shame by explaining that failing to follow association standards was unacceptable professional behavior and thus shameful. These arguments by relation reinforced the moral responsibility of pharmacists to behave professionally, linking the failure to do so with the potential failure of the profession. The clear implication was that without appropriate action, pharmacists would be responsible for future failure.

Arguments by relation also linked fulfilling professional duties to positive outcomes, employing shame indirectly. These arguments incorporated shame by implying that pharmacists had a moral obligation to engage in specified behaviors, and to not do so was to breach standards of professional behavior.

We must also detect our deficiencies, as well as recognize our achievements and make plans, to assure professional progress ... all of pharmacy must act and the action must come from every pharmacist because every pharmacist has a right and professional duty to formulate and support the plans and policies which will determine his own and his profession's future. (April 1961)

These arguments explained that pharmacists held a professional duty to participate in the development of plans and policies to advance the profession. By linking the fulfillment of professional duty with the future of the profession, the argument incorporated shame to persuade pharmacists.

In the second phase, Advocating an Expanded Professional Role, the frequency of arguments declined and the content of the arguments shifted to the APhA's efforts to broaden pharmacists' roles. We observed that arguments by relation drew on shame to link pharmacists' lackluster interest in the Association's efforts to rebuild the profession to the possibility that the profession would not survive. These arguments incorporated shame by implying that not taking specified actions was paramount to abdicating professional responsibility:

The unpardonable sin of nature is to stand still – to stagnate. You have been told time and again that pharmacy is facing a period of transition and that the profession is changing. But that is compatible with life itself which is always fluid. It is up to you as you want them. You must assume the responsibility for the metamorphosis, exert the proper leadership and work together to meet the rising challenges. (April 1968)

In this argument, failure to take responsibility for shaping the future of pharmacy is linked to the demise of the profession; life is fluid, and consequently to stand still results in death. By equating failure to accept the responsibility of meeting the challenges faced by the profession with making an unpardonable sin, the arguments incorporated shame in attempts to convince pharmacists to take the actions prescribed by the professional association.

In the final phase, marked by the adoption of “pharmaceutical care” as the mission of the APhA, we observed that both the frequency and the content of the arguments again changed. As pharmacists adopted broader professional roles, there were fewer arguments by relation incorporating shame and the arguments were directed at the moral obligation of all pharmacists (not only the initial adopters) to practice in ways that were consistent with pharmaceutical care,

as illustrated below:

As APhA continues to promote the image of the pharmacist as a caring, important member of the health care team, this view must be supported by the actions of all pharmacists. As your Association strives to improve the image of pharmacists, we must work together to ensure that when the public and our fellow health care workers come to us for pharmacy services, they find a true nugget of gold-not just a lump of iron pyrite. (March 1991)

Here we observed that the arguments reinforced pharmacists' responsibility to practice in specified ways. The above argument by relation relied on the word "must" to connote that pharmacists held an obligation to embrace the role advocated by the Association. Not doing so would breach normative standards for professional behavior. The comparison between pharmacists being gold rather than iron pyrite (i.e. 'fool's gold') suggested that practicing pharmacy in any way other than advocated by the Association would be cheating the public – a shameful action. By linking the desired outcome of the public image of pharmacists as caring members of the health care team with pharmacists' obligation to practice in ways consistent with this image, arguments by relation incorporated shame to persuade pharmacists to adopt such practices.

Overall, we observed that arguments by relation linking obligations and duties to consequences changed over the course of the three phases. Initially, the arguments were directed at placing responsibility on pharmacists for the demise of the profession if they did not engage in specific actions. After the idea of the pharmaceutical center was introduced, the focus switched to reprimanding those not involved in the new initiative. In the third phase, after many pharmacists changed their practices, the emphasis was on bringing the laggards in line with the APhA's standards.

Arguments by Comparison

We observed two different types of arguments by comparison that incorporated emotions.

In terms of the X and Y structure, these arguments held that the contrast between X_1 and X_2 meant that particular actions (Y) should be taken. Arguments by comparison were used both to emphasize the difference between what pharmacists were currently doing and what they should be doing and the difference between how pharmacists saw themselves and how others viewed them. Below we explain how these arguments incorporated shame and anger respectively for their persuasiveness.

Shame. Arguments by comparison attempted to persuade pharmacists to change their practices by comparing pharmacists' current practices with those desired by the APhA leaders. These arguments drew on shame as an integral part of their persuasiveness. Since shame requires consciousness of wrong behavior, these arguments drew attention to the fact that pharmacists were deviating from acceptable professional behavior.

During the Raising Awareness of Threats to the Profession phase, the comparison was primarily between “undesirable” commercial practices of most pharmacists and the Association's desired health related practices. These arguments made the case it was wrong and therefore shameful for pharmacists to spend their time on commercial activities at the expense of providing health related services, as illustrated below:

All too often, time, energy and thought have been expended on operating a retail outlet and merchandising non-health related goods rather than on properly developing the potential of the pharmacist's pharmaceutical skill and knowledge and his ability to provide related health services and further the community health projects. (July 1963)

We observed that arguments by comparison also incorporated shame as part of attempts to encourage professional (instead of commercial) practices by linking their current commercial practices with the creation of a “merchant image [and] not the true professional image which we must attain” (August 1962).

We are dismayed at the so-called public relations programs that are really commercial advertising campaigns designed to push merchandise. Such programs are no more public

relations than one-cent sales or summer carnivals. ... Pharmacists must concentrate their time and effort on (activities) that will enhance the correct image of pharmacy. (August 1962)

By emphasizing the APhA's "dismay" regarding the prevalence of commercial practices compared with professional ones, arguments by comparison incorporated shame to persuade pharmacists that change was needed.

In the second phase, arguments by comparison incorporating shame both decreased in frequency and involved a different comparison. As pharmacy leaders developed a new model of professional practice that broadened pharmacists' roles beyond the routinized tasks of filling prescriptions, arguments by comparison began to contrast the practice of pharmacists focusing only on dispensing medications with the desired new model of pharmaceutical care. In these arguments, dispensing only medications without consultation was presented as deviating from acceptable behavior, while adopting a broader range of practices including counseling and advice was set out as the desired standard. In this time period, the arguments incorporated shame as part of their persuasion by negatively contrasting pharmacists who dispensed only medications with the new standard of pharmaceutical care. For example, arguments by comparison admonished pharmacists for failing to engage in professional consultation (February 1969), for not accepting the responsibility of giving advice and guidance to "the self-medicating public" (January 1970), and for not keeping up to date with recent pharmaceutical advancements (March 1974).

Pharmacists were told that what once was acceptable, such as simply delivering medications to an unseen nursing home patient, is "no longer our idea of providing adequate pharmaceutical service to nursing homes" (May 1966). In short, the arguments incorporated shame for their persuasiveness by suggesting it was not acceptable for pharmacist to fail to adopt the new practices:

We can be sure of one thing-the public is going to become more and more interested in

the drugs it takes. And we can also be sure that the public will seek this information from other sources (regardless how undesirable they may be) as long as there is a void in available professional consultation. Are you avoiding the void? (September 1966)

In the text above, the argument by comparison contrasted the desired practice of providing professional consultation' with the unacceptable alternative of dispensing only. The use of the word "void" connoted that this practice space was empty. By suggesting that pharmacists in general had not adopted specific recommended practices that could serve the public, the argument by comparison drew on shame in an attempt to make pharmacists uncomfortable with themselves for their complacency and motivate them to comply with the new standard of pharmaceutical care.

By the 1970s, increasing numbers of pharmacists began to engage in aspects of pharmaceutical care. In particular, they began to provide explanations and advice to patients together with medications as documented by a 1972 study indicating that 27 percent of patients were now being counseled. At this point in our data set, we observed a shift in the arguments: instead of attempts to shame all pharmacists, the arguments by comparison were narrowed to target only those pharmacists who had not yet adopted the new practices and were only dispensing medications. This target group was viewed as problematic because those "who are not doing these things simply are not living up to their professional responsibilities; they aren't showing concern for their patients' lives" (December 1979). These arguments incorporated a strong implication of shame for pharmacists who continued to restrict themselves to dispensing medications. They were advised to "take their heads out of the sand" (September 1979), suggesting that they were avoiding an important issue. By negatively contrasting pharmacists who focused only on dispensing medications with those who provided broader services, the arguments incorporated shame in attempts to convince the nonconforming pharmacists to change their ways as illustrated below

[There] are scores of innovators...who devote significant portions of their time to providing nondispensing services. ... Yet there are many who don't, and we all know it...it is painfully obvious that there are far more opportunities for the practice of clinical pharmacy than some pharmacists are taking. (September 1979)

This pattern of argument by comparison incorporating shame continued into the third phase of our data set, although with reduced frequency. While there had been widespread practice change, pharmacists who had not yet adopted the new practices were compared very unfavorably with those who had, as the following arguments show:

When pharmacists refuse to counsel patients and get involved in patient care, they no longer act as professionals, and they violate the Oath of the Pharmacists. (May 2000)

There is no doubt that many practitioners and pharmacy students do believe that the patient comes first. Unfortunately, there are still too many reports of patients who have never been counseled about their medications. (January 2001)

The comparison between pharmacists who counseled and educated their patients and those who did not incorporated shame by suggesting that those who had not adopted the new practices were acting unprofessionally by not putting their patients first.

Overall, we observed that initially arguments by relation linking obligations and duties to consequences were directed at placing responsibility on pharmacists for the demise of the profession if they did not engage in specific actions. After the idea of the pharmaceutical center was introduced, marking the second phase, the focus switched to reprimanding those not involved in the new initiative. In the third phase, after many pharmacists' practices had changed, the emphasis was on bringing the laggards in line with the Association's standards.

Anger. Arguments by comparison also contrasted how pharmacists saw themselves with how others saw them; these comparisons drew on anger as an important part of their persuasiveness. These arguments compared the Association's view of pharmacists as professionals to others' incorrect views of them. The arguments relied on this comparison to convince pharmacists that an injustice was being perpetuated and that change was needed as a

result. These arguments incorporated anger by attempting to persuade pharmacists that others' views of them were unfair, since the perception of injustice generally results in righteous anger (Jasper, 2011).

In the first phase, Raising Awareness of Threats to the Profession, arguments by comparison presented others as threatening the professional status of pharmacists. The comparison during this phase tended to focus on the disparity between others' views of pharmacists as merely commercial merchants and pharmacists' view of themselves as highly qualified professionals. These arguments tended to state that professional pharmacists were distinct from and superior to merchants of commercial goods. In the text, "outsiders," including federal agencies, the courts, the press, physicians, and mail order prescription companies were singled out as having an incorrect or misinformed assessment of pharmacists' professional role in health care. These arguments thus claimed that it was unfair and wrong of others not to recognize pharmacists are professionals.

By these actions, the Justice Department is attempting to equate the professional activities of the pharmacist with the commercial activities of the merchant... [In distinct contrast] pharmacy is fighting to retain its position that the charge for a prescription is based on a professional service fee and does not represent the price of a commodity that is merely sold. It is paradoxical that of all the government departments Justice refuses to recognize that the practice of pharmacy is the line of distinction between a drug product and prescription service. (May 1961)

The court's lack of knowledge about pharmacy in general and the professional services rendered by the pharmacist in particular are understandable, but why the court, in the name of justice, refused to be educated is beyond our comprehension... During the past two decades, there has been a concerted effort on the part of pharmacy to gain legislative recognition as a profession. The court in San Francisco has decreed that this recognition is meaningless. Pharmacy cannot allow this verdict to stand unchallenged. ... This is a fight for the future of pharmacy as a profession. (July 1961)

By emphasizing the injustice of others perceiving pharmacists as merely merchants rather than professionals, arguments incorporated anger by villainizing those who saw pharmacists

differently than pharmacists saw themselves. In trying to persuade pharmacists that they were being treated unfairly, arguments by comparison incorporated anger, as this quote illustrates:

APhA is now helping to defend with equal vigor the professional status of pharmacists everywhere by providing legal and technical assistance in the west [where pharmacists were being taken to court for charging for a professional fee]. ... Pharmacists everywhere must stand united and fight every action that could relegate the profession to a trade status. (May 1961)

During the second phase, we observed that the frequency of arguments by comparison incorporating anger declined and the content of the comparisons changed. As pharmacists began to broaden and strengthen their professional responsibilities following the introduction of a pharmaceutical center at APhA's annual meeting, the comparison in the editorials shifted to the contrast between others who viewed pharmacists as having narrow range of responsibilities and pharmacists' view of themselves as having multiple, important professional roles. These arguments set out others' perception of pharmacists as unjust in light of pharmacists' broader capabilities. For example, an editorial incorporated a sense of anger toward the Food and Drug Administration (FDA) because it wrongly and unfairly claimed that pharmacists could not be a source of professional guidance on over the counter (o-t-c) drugs.

Comments published in the November 12 *Federal Register* rejecting the recognition of the pharmacist as a source of o-t-c drug information are arbitrary and capricious, contradicting information FDA has directed to consumers cited above. The situation is not saved by the gratuitous projection that, "once the larger issues of health care delivery have been resolved, the Commissioner will reconsider this matter." Just what does this mean? (March 1974)

Similarly, arguments by comparison were used to negatively compare the view of pharmacists as medication dispensers presented by the *Washington Post* with pharmacists' view of themselves as providers of a complete range of professional services.

The (*Washington*) *Post* had justified its opposition to the nomination of Robert Bork to the U.S. Supreme Court by saying that "on the great occasions" he would "lack the necessary breadth of vision" and would "dole out justice about as a pharmacist gives us pills." The *Post* further said that "a judge is not a pharmacist, filling out a prescription. He

judges: he brings values to bear." What a misrepresentation of what pharmacists do!
(October 1987)

The editorial went on to report that the APhA had demanded an apology which the *Post* did not oblige.

In both these examples there was a comparison of others' incorrect views of pharmacists' roles (confined to dispensing medications) with pharmacists' views of themselves as having multiple important professional roles. In both cases, "outsiders" were villainized as unreasonable and unfair in their treatment of pharmacists. By attempting to convince pharmacists that they were being treated unjustly, arguments by comparison incorporated anger as a way to mobilize pharmacists to help right the wrong being done to them. The FDA's decision not to endorse pharmacists as legitimate providers of advice on o-t-c medications was used to provoke pharmacists to prove their capability to guide patients on the use of o-t-c "despite the FDA and Proprietary Association's rhetoric" (March 1974). In the same way, the *Washington Post's* characterization of pharmacists as mindless dispensers of medication was used to encourage pharmacists to more diligently embrace new professional practices: "Pharmacists must challenge themselves to make good on our promises [of providing new pharmaceutical services]" (December 1987).

In the last phase, the frequency of arguments by comparison incorporating anger declined further and there was another shift in the nature of the arguments. As the professional value of pharmacists became more broadly recognized, there were fewer arguments portraying pharmacists as unjustly treated. The emphasis now was on removing barriers to full implementation of pharmaceutical care. Still, the Association villainized others through arguments of comparison for incorrect, narrow views of pharmacists' capabilities:

How many states are laboring under antiquated practice acts, trapping pharmacy in an outmoded model of practice? How many practitioners have made the effort to obtain

training in disease state management and other cognitive services only to find their hands tied because of outdated legal mandates? (July 1996)

Language such as “trapping pharmacy” conveyed the message that pharmacists were being treated unfairly in comparison with other professionals. By linking the injustice with antiquated and outdated regulations, the argument incorporated a sense of anger toward government actors who were preventing pharmacists from fully enacting their professional roles. Like previous phases, the perceived injustice was drawn upon to motivate action for change, calling upon pharmacists in these states to actively work to change regulation:

We need to see some real leadership within our state boards of pharmacy and our state associations. Let's legislate a practice model that will allow us to survive and contribute to the public health and safety. We need to say goodbye to the Ghost of Pharmacy Past. (July 1996)

To sum, we evaluated arguments by comparison contrasting others' incorrect views of pharmacists with pharmacists' views of themselves as incorporating anger through the emphasis on injustice that was used in efforts to motivate pharmacists to adopt the Association's preferred course of action.

Arguments by Circumstances

Arguments by circumstances rely on establishing the necessary actions to take as the result of present conditions. The structure followed a ‘because of X, then Y’ pattern. In establishing that the present circumstances dictated certain action, arguments by circumstances incorporated both hope that desired outcomes could be achieved and fear that delaying action would prevent those outcomes.

In the first phase, arguments by circumstances contributed to making the threats to the profession clear by presenting the present circumstances as dire. In such arguments, phrases such as “the time is now” or “now or never” focused on the urgency of taking action because of the present circumstances, as illustrated below:

If pharmacy is a learned profession – as we know it is – then now is the time for us to demonstrate that we have the ability to learn from our past and present experiences. Now is the time for us to recognize that Congress and the courts both reflect and influence the attitudes and the opinions of the public as a whole. Now is the time to stop listening only to ourselves and tune in on the views of those who mold public opinion and control our future destiny. Now is the time to undertake an objective. (September 1962)

In this example, the profession of pharmacy was presented as facing difficult circumstances unless pharmacists changed the perceptions of relevant stakeholders. The phrase “ability to learn from our past and present circumstances” draws on both hope and fear to persuade pharmacists that they must take action immediately. Fear was incorporated in the implied consequence of a future where pharmacy fails as a profession because pharmacists keep making the same mistakes repeatedly. At the same time, the argument drew on hope that a more positive future could result if pharmacists took action as advocated by the APhA.

In the second phase, as the appeals shifted to pleas for practice change, the number of arguments by circumstances increased and the APhA’s portrayal of circumstances changed. Following the introduction of the pharmaceutical center at APhA’s annual meeting, arguments by circumstances presented society as supportive of the practices advocated by the Association and as providing opportunities for pharmacists to broaden their roles. Phrases such as “the time has arrived,” “the time has come,” and “the time is right” along with referents to time as “ripe” portray practice change as demanded by present circumstances. For example, referring to the innovation of the pharmaceutical center, one editorial claimed that “there is no force on earth as powerful as an idea whose time has come” (April 1965). Arguments by circumstances often drew on hope by suggesting that pharmacists could make changes that would save their profession but also on fear by suggesting that negative outcomes will result if they refuse to take action.

We also observed that arguments by circumstances linked practices desired by the APhA

with the “ripeness of time” to persuade pharmacists that they should embrace such changes because they had society’s support. Ripeness implies readiness; the arguments for action that could preserve the institution of pharmacy were based this readiness. We observed that these arguments drew on hope by suggesting that success was likely since the present situation dictated this response.

The lack of respect for drugs in recent years has become a primary concern for all health professionals. ... The time is ripe for a maximum effort to reestablish public understanding of the proper use of medicines and the need for professional guidance in the use of all drugs. The informed pharmacist, with the tools now available from APhA, can and must take a prime role in this education campaign. (August 1970)

We have heard for years that pharmacy is "a profession at the crossroads." Could there be a time riper than the present, when health consumers are seeking a health professional they can trust, for pharmacy to cross that intersection by firmly establishing itself as an advocate for patient as well as pharmacist? (March 1978)

By presenting a view of society that was supportive of pharmacists’ efforts to develop new professional practices, arguments by circumstances drew on hope that pharmacists could be successful in saving the profession. At the same time, phrases such as “could there be any time riper than the present” incorporate fear by suggesting that, although society is supportive now, the support could be time limited. These arguments implied that specific actions should be taken immediately because the window of opportunity could close at any moment.

In the later years of this phase, as pharmacists increasingly changed their practices to incorporate broader professional roles (Higby, 2000), arguments by circumstances tended to focus less on supportive circumstances and more on opportunity. These arguments by circumstances portrayed the present conditions as providing a unique opportunity for pharmacists that needed immediate action. Pharmacists were repeatedly told that “this may be the best opportunity ...in years” (April 1987) and that they “should seize this opportunity” (April 1985). These arguments incorporated fear by implying that failure to take action now would

mean forfeiting the opportunity forever; hope was incorporated by presenting success as possible.

In the last phase, when larger numbers of pharmacists had adopted new practices, the frequency of arguments by circumstances declined but continued to emphasize that opportunities were available. For example, “the time is *now* for pharmacy payment system reform, or the next generation may *never* get the chance to practice the profession (March, 1993, emphasis original).

The editorial goes on to argue that:

We have the chance to shape the scope of pharmacy practice so that pharmacists will be paid for what they are trained to do. This opportunity comes along once or twice in a lifetime, and we must make the very best use of this chance that we can. The last time pharmacy faced such a challenge was during the formation and implementation of the Medicare and Medicaid programs, and pharmacists did not fare very well at all.

This argument drew explicitly on fear to encourage pharmacists to take the desired actions by elevating the threat associated with inaction. By presenting the current circumstances as short lived and unlikely to reoccur, pharmacists were urged to take immediate action that would contribute to the continuation of the profession.

Overall, we found that the prevalence of arguments by circumstances peaked in the second phase and that the content of the arguments shifted over time. Present circumstances were initially portrayed as dire, encouraging pharmacists to recognize the threats to their survival, then supportive, and finally as providing opportunities.

Patterns of Arguments Over Time

Overall, we observed that the rhetorical appeals to preserve the profession of pharmacy changed over the course of the institutional project in relation to field level events and the gradual adoption of new practices. Our analysis of the argument structures incorporating emotion shows that both the frequency of different types of arguments and their content changed over the three phases (See Tables 3, 4 and 5).

As Table 3 shows, in Phase 1 there was strong reliance on commercial aspects of pharmacy in response to technological change making traditional compounding obsolete. Rhetorical arguments clearly set out the threat to the profession. We found that during this phase, when pharmacy leaders were most urgently reckoning with the possible demise of the profession, arguments incorporating emotion were most prevalent and focused on the negative aspects of pharmacists' commercial orientation, as summarized in Tables 4 and 5. We observed the prevalence of arguments by relation incorporating fear and those incorporating shame linked the decline of the profession to pharmacists' current practices and lack of appropriate action (see Table 4). Some arguments by comparison incorporated shame for pharmacists' inappropriate commercially oriented behavior while others incorporated anger at others' incorrect views of pharmacists. While relatively less frequent in this phase than other types of arguments, arguments by circumstances incorporating fear and hope conveyed the urgency of taking action now. These largely negative messages were counterbalanced by arguments by relation incorporating hope for the future which were also prominent.

In Phase 2, the frequency of arguments incorporating emotions declined for all types of arguments except arguments by circumstances which increased. Arguments incorporating negative emotions declined sharply while those incorporating hope had a less pronounced decline. Overall, arguments focused on persuading pharmacists to adopt "clinical care" that was more professional -- in contrast with past (undesirable) commercial practices. Arguments by relation incorporated both shame regarding lack of interest, and hope for the future if the Association's appeals were followed. Arguments by comparison incorporated anger by contrasting others' inaccurate views of pharmacists as confined to dispensing medication to pharmacists' views of themselves as having broad important roles. Arguments by relation incorporating fear now linked the demise of pharmacy to the failure to adopt these professional

roles while arguments by comparison incorporated shame by contrasting pharmacists' focus on dispensing only to the broader roles set out by the association. As pharmacists began to adopt the recommended practices, the target audience of these arguments narrowed to focus on those pharmacists that had so far failed to change. Arguments by circumstances incorporating hope and fear peaked in this second phase as the present circumstances were presented as "the right time" to adopt the broader professional roles advocated by the association.

Finally, in Phase 3, as pharmacists' roles became increasingly broadened, we observed that the frequency of arguments incorporating emotion declined even further, and the content changed as well. In this final phase of the institutional project, arguments focused on persuading pharmacists to entrench their professional practices, and also convince any remaining laggards to adopt the new standards. There was a relatively equal mix of arguments by relation, arguments by comparison, and arguments by circumstance. Arguments by relation incorporating fear linked a negative future to pharmacists failing to be on guard against a return to old ways while those incorporating hope linked continuing to adopt broader professional roles to a positive future.

Arguments by relation incorporating shame now linked pharmacists' practices to the obligation of all pharmacists to practice in ways consistent with pharmaceutical care. Arguments by comparison incorporating shame contrasted pharmacists who had not adopted the desired roles to those who had while those incorporating anger contrasted legal barriers to pharmacists fully enacting new professional roles to pharmacists' view of themselves as broadly capable. The prevalence of arguments by circumstances incorporating emotion declined in this final phase, but those present incorporated both hope and fear to encourage further professional development.

To sum, we observed that as results of the institutional project unfolded, and pharmacists' practices changed over time, the relative prevalence, content, and targeted audience of the rhetorical arguments incorporating emotions were altered in concert.

DISCUSSION

We wanted to understand how emotion was incorporated into rhetorical appeals over time as part of discursive efforts to preserve an institution. Our study of the discursive institutional work appearing in journal editorials as part of a larger institutional project revealed patterns of argument use that differentially incorporated specific emotions. In considering rhetoric as institutional work, we build on the literature that recognizes institutions as largely constituted through language, and institutional work as involving persuasion (e.g. Cornelissen et al., 2015; Lawrence and Suddaby, 2006; Phillips et al., 2004). Most of the literature explicating how rhetorical arguments facilitate the reproduction of institutions has emphasized the key role rhetoric plays in defending or repairing the legitimacy of an institution (e.g. Patriotta et al., 2011; Riaz et al., 2016). In contrast, the institution of pharmacy was threatened by a change in its environment (i.e. the mass manufacturing of drugs products) that made a return to the status quo impossible. Similar to Herepath and Kitchener (2016), our study challenges the traditional conception of institutional maintenance work as preserving the status quo. However, in contrast to Herepath and Kitchener (2016), who focus on incremental refinements to institutionalized practices during a limited time frame, our case highlights situations in which rhetorical appeals for institutional persistence required significant evolution over an extended time period as the adoption of desired new practices gradually occurred.

Our study builds on the growing literature connecting institutions and emotions (e.g. Creed et al., 2014; Jarvis et al., in press; Sadeh and Zilber, in press; Toubiana and Zietsma, 2017; Wright et al., 2017); however, it speaks most to the smaller set of studies focused on discursive institutional work (e.g. Brown et al., 2012; Herepath and Kitchener, 2016; Moisander et al., 2016). While these previous studies focused on how emotion was incorporated into the discourse of government reports aimed at gaining public support for an institutional initiative, we

examined text directed at members of a well-bounded social group (front line pharmacists) in a context where revitalization of the institution was necessary for its preservation. In contrast to others investigating the incorporation of emotions in discursive institutional work discussing overall rhetorical appeals, we focused on the component parts of these appeals by examining the construction of arguments in written text.

Our contribution to the literature on discursive institutional work is threefold. Our first contribution relates to the intended audience for rhetorical appeals. While it is well accepted within the established literature on rhetoric that persuasion efforts must be aligned with the audience (Herrick, 2001; Hogan, 2013), studies of discursive institutional work to date have tended to gloss over how the nature of the audience is important to the analysis of text. Previous studies have mostly focused on explaining the choice of a particular type of text (e.g., Herepath and Kitchener, 2016; Patriotta et al., 2011). Even in studies identifying the intended audience, its importance has been relegated to part of the context (e.g. Moisander et al., 2016). In contrast, we argue that the intended audience of discursive institutional work is a critical factor in understanding arguments of persuasion, and therefore should be explicitly considered in analyses. We suggest that the differences in intended audience for the texts we examined, in comparison to previous studies (directed at front line professionals rather than the general public), have implications both for the types of arguments and emotions involved in rhetorical appeals and the length of time over which such rhetorical appeals are made.

Our study contributes to the development of more nuanced theory about discursive institutional work by showing how audience can matter. The differences in the audience of our texts compared to previous studies suggests that fear can be employed differently in arguments to encourage support for a new institutional project when the audience is internal rather than external. For example, Moisander et al. (2016) found that rhetorical strategies directed to the

public attempted to reduce fear as a way of gaining support for the institutional project; our findings show that arguments incorporating fear gave a message to the internal audience that there would be dire consequences unless action was taken. Rhetoric directed at the public to gain support for an institutional project may involve reducing people's fear of the unknown while rhetoric directed at an internal group, such as a profession, where persuasion is centered more on practice change may involve making the status quo something to fear.

In contrast to previous studies showing efforts to change public opinion (e.g. Brown et al., 2012; Herepath and Kitchener, 2016; Moisander et al., 2016), our case suggests that arguments incorporating hope may be important for internal audiences. When persuasion related to practice change is directed to an internal audience, arguments by relation and arguments by circumstances incorporating hope may encourage persistence in pursuit of a brighter future. As well, we found that internally directed efforts to persuade involved anger. Although studies of rhetoric directed at the public have not identified anger as an important component, we suggest that articulating an ingroup/outgroup distinction could be important in designing effective arguments drawing on anger. That is, a well-defined ingroup audience might allow the identification of opponents and injustices to catalyze the audience's ire. Finally, our study adds to others that have shown how arguments incorporating shame can be critical to institutional work. While scholars have shown that rhetoric aimed at public audiences for both the building of new institutions (Moisander et al., 2016) and their repair (Herepath and Kitchener, 2016) can involve shame, we show that rhetorical arguments directed toward internal audiences can also incorporate shame as a way to encourage practice change. Overall, our findings suggest that emotions may be incorporated differently in discursive institutional work, depending on the target audience.

Second, while the developing literature incorporating emotion in discursive institutional

work has focused on describing and taxonomizing overarching rhetorical appeals (e.g. Brown et al., 2012; Moisander et al., 2016), we highlight how the component parts of an appeal can incorporate emotion as part of how arguments are constructed to persuade. Our fine-grained analyses allow us to reveal patterns in how emotions can be incorporated into discursive institutional work that would otherwise be masked in the bigger picture. Our observations suggest that emotion may consistently be bundled with particular types of arguments but all types of arguments do not rely on emotion for their persuasiveness; for example, arguments relying on formal logic or authority did not.

We build on the growing institutional literature explicating the role of emotion (e.g. Lok et al., 2017; Zietsma and Toubiana, 2018) by explaining how specific emotions can be associated with particular argument structures. We identified three types of argument structures where emotions were systematically incorporated. Our findings suggest that when arguments by relation (those making antecedent-consequence links arguing that if X then Y) are used, emotion is likely to be included in particular ways. We found that fear was incorporated into arguments in which perpetuating the status quo (X) was linked to a negative future (Y), implying that change was necessary to avoid this outcome. In contrast, we found that hope was incorporated into arguments in which adoption of specific actions (X) were linked to a positive future (Y). Shame was associated with X, i.e. unfilled obligations and duties that were linked to negative consequences for the future (Y), reinforcing the moral responsibility to engage in specified actions. We also suggest that emotion can be, but is not necessarily, incorporated into arguments by comparison (those arguing that the contrast between two situations (X1 and X2) means that particular actions (Y) should be taken). While we show how two different types of arguments by comparison variously incorporated shame and anger, we suggest that the type of comparison will determine how (and if) emotion is involved in persuasion. (See Goodrick and Reay (2110) for

comparisons that do not involve emotion.) Third, we suggest that the use of arguments by circumstances, which rely on characteristics of the present situation (X) to argue that particular actions (Y) are required, incorporate both hope and fear for persuasiveness. Hope can be associated with the possibility that desired outcomes (Y) are achieved, and fear with delaying action that prevents those outcomes. Highlighting the systematic relationship between particular argument structures and certain types of emotion is important since attempts to strategically elicit an audience's emotions rely not just on an intuitive understanding of an audience's beliefs and values, but also on the defining characteristics of the lexical structures deployed.

Our third contribution is associated with the extended time period we examined, allowing us to consider the temporal dynamics of institutional work as opposed to the more customary emphasis on outcomes (see Reay et al., 2019). Few studies of discursive institutional work have drawn on a data set covering a long enough time horizon to understand patterns of argument structures comprising rhetorical appeals accompanying an evolving institutional project (see Hampel et al., 2017). Because of our longitudinal approach, we are able to make several important observations about the trajectory rhetorical arguments associated with long term institutional projects may follow.

First, we suggest that particular phases of an institutional project are more likely to incorporate emotions into arguments than others. More specifically, we suggest that the incorporation of emotion into arguments is likely to be most pronounced in the initial phase. Our findings support Lok et al.'s (2017) suggestion that emotions play an important role in convincing people that the status quo is not sustainable, adding to primarily cognitive conceptions of theorizing change (e.g., Greenwood et al., 2002). The initial phase of raising the awareness of threats to an institution's survival can rely on incorporating negative emotion to raise alarms about the dangers and inappropriateness of continuing the same course. We also

suggest that concurrently incorporating hope into arguments is essential because it facilitates persistence by fostering the belief that the future has more possibilities than the present.

We further suggest that the middle phase in a long term institutional project is likely to rely less on arguments incorporating emotion than the initial stage and the later stage even less. Arguments attempting to persuade an audience to adopt a specific institutional model and its associated practices are likely to be less emotion laden than those communicating danger. And arguments designed to sustain changes already adopted as would be found in the later stage are likely to rely even less on the inclusion of emotion. However, all arguments incorporating emotions may not decline over the course of an institutional project. For example, we found arguments by circumstances incorporating fear and hope peaked in the middle period. In our case, these arguments were exceptionally well aligned with the overall appeal to adopt practices associated with a specific institutional model, as they portrayed the present situation as supportive of change with language such as the “time is ripe” for change.

Second, we show how field level events and feedback from earlier rhetorical appeals can be important in changing the nature of discourse over time. While previous studies have considered field level events as part of the context (e.g. Brown et al., 2012; Mosiander et al., 2016), their limited time frame of observations makes it difficult to capture important milestones as they occur. Our findings begin to address this deficiency by including attention to shifts and turns in the nature of rhetorical arguments over time. We observed that some events (such as showcasing of a new model for practice based on pharmacists’ expertise at the annual APhA meeting) were followed by shifts in the content of arguments in the texts and the frequency in which emotion was incorporated. We also observed that feedback from earlier appeals both refined the rhetorical arguments and narrowed the intended audience to those who had not yet responded to those appeals. Overall, we suggest that different types of arguments employing

different arrays of emotions can be important at different phases of discursive institutional work.

While our emphasis on the construction of rhetorical arguments and the incorporation of emotion may be similar in other institutional settings, certain aspects may be particular to professional fields. We observed that the volume of arguments incorporating shame (arguments by relation and arguments by comparison) exceeded those of any other emotion. This may be associated with the professional context we studied where obligation and duty are primary. We suggest that future research could examine discursive institutional work in other professionalized fields and compare the types of arguments employed to those in non-professionalized contexts.

Our research relies on data from one important source of intra-professional communication: editorials in a professional journal written by leaders of the profession. Future research could focus not only on those attempting to defend an institution, but also give attention to those attempting to change it. Such an approach would help to highlight the uses of emotion in rhetorical arguments in other types of institutional fields. While we show the importance of considering the intended audience of discursive institutional work, our observations were restricted to internal members of a social group which we note was different from studies where the intended audience was the general public. Future research could consider the nature of appeals targeted at other types of audiences such as members of a different social group (e.g. rhetorical appeals developed by a physician organization directed to pharmacists) or to government (e.g. professional association appeals to government for particular changes).

CONCLUSION

Through our empirical examination of the discursive institutional work of the APhA in their attempts to preserve the institution of pharmacy, we contribute to theory about the nature of

rhetorical appeals to preserve an institution. We show that discursive institutional work directed at members of the same well bounded social group can incorporate specific emotions in particular types of rhetorical arguments, and that the pattern of arguments with different emotions can shift over time in connection with field level events and practice change. In doing so, we help further not only the study of discursive institutional work but also give much needed attention to the role of emotion in institutional stability and change.

REFERENCES

- Alvesson, M. (1993). 'Organizations as rhetoric: knowledge-intensive firms and the struggle with ambiguity'. *Journal of Management Studies*, **30**, 997-1015.
- Assa M. and Shephard, E. F. (2000). 'Interpersonal perception: A theory and method for studying pharmacists' and patients' views of pharmaceutical care' *Journal of the American Pharmacy Association*, **40**, 71-81.
- Andrews, J. R. (1990). *The Practice of Rhetorical Criticism*. Reading, MA: Addison-Wesley.
- Bizzell, P. and Herzberg, B. (1990). *The Rhetorical Tradition: Readings from Classical Times to the Present*. Boston: Bedford Books of St. Martin's Press.
- Brown, A. D., Ainsworth, S. and Grant, D. (2012). 'The rhetoric of institutional change'. *Organization Studies*, **33**, 297-321.
- Cornelissen, J. P., Durand, R., Fiss, P. C., Lammers, J. C. and Vaara, E. (2015). 'Putting communication front and center in institutional theory and analysis'. *Academy of Management Review*, **40**, 10-27.
- Creed, W. E. D., Hudson, B. A., Okhuysen, G. A. and Smith-Crowe, K. (2014). 'Swimming in a sea of shame: incorporating emotion into explanations of institutional reproduction and change'. *Academy of Management Review*, **39**, 275-301.
- Creed, W. E. D., Scully, M. A. and Austin, J. R. (2002). 'Clothes make the person? The tailoring of legitimating accounts and the social construction of identity'. *Organization Science*, **13**, 475-96.
- Desai, V. M. (2011). 'Mass media and massive failures: determining organizational efforts to defend field legitimacy following crises'. *Academy of Management Review*, **54**, 263-78.
- Dillard, J.P. and Seo, K. (2013) 'Affect and Persuasion'. In Dillard, J.P. and Shen, L. (Eds.) *The SAGE Handbook of Persuasion*. Thousand Oaks, CA: Sage, 2-19.
- DiMaggio, P. J. and Powell, W. W. (1991). 'The iron cage revisited: institutional isomorphism and collective rationality in organizational fields'. In Powell, W. W. and DiMaggio, P. J. (Eds.), *The New Institutionalism in Organizational Analysis*. Chicago, IL: University of Chicago Press, 63-82.
- Dolinsky, D.E. and Lonie, J.M. (2003). 'Sociological implications of pharmaceutical care'. In Knowlton, C. H. and Penna, R. P. (Eds.), *Pharmaceutical Care*. Bethesda, MD: American Society of Health-System Pharmacists, 119-35.
- Drisko, J. W. and Marxhi, T. (2016). *Content Analysis*. Oxford: Oxford University Press.
- Elsbach, K. D. (1994). 'Managing organizational legitimacy in the California cattle industry: the construction of effectiveness of verbal accounts'. *Administrative Science Quarterly*, **39**, 57-88.
- Erkama, N. and Vaara, E. (2010). 'Struggles over legitimacy in global organizational restructuring: a rhetorical perspective on legitimation strategies and dynamics in a shutdown case'. *Organization Studies*, **31**, 813-39.

- Farrokhi, F. and Nazemi, S. (2015). 'The rhetoric of newspaper editorials'. *International Journal on Studies in English Language and Literature*, **3**, 155-61.
- Flam, H. (2005). 'Emotions' map: a research agenda'. In Flam, H. and King, D. (Eds.), *Emotions and Social Movements*. New York: Routledge, 19-40.
- Floris, M., Grant, D. and Cutcher, L. (2013). 'Mining the discourse: strategizing during BHP Billiton's attempted acquisition of Rio Tinto'. *Journal of Management Studies*, **50**, 1185-1215.
- Friedland, R., Mohr, J. W., Roose, H. and Gardinali, P. (2014). 'The institutional logics of love: measuring intimate life'. *Theory & Society*, **43**: 333-70.
- Gamson, W. A. (1992). *Talking Politics*. Cambridge: Cambridge University Press.
- Garst, W. C. and Berado, D. (2000). 'The American Pharmaceutical Association: a lens for viewing pharmacists (from compounders to therapeutic judges)'. *Journal of the American Pharmaceutical Association*, **40**, 63-70.
- Gee, J. P. (1999). *Discourse Analysis: Theory and Method*. London: Routledge.
- Gill, A. M. and Whedbee, K. (1997). 'Rhetoric'. In van Dijk, T. A. (Ed.), *Discourse as Structure and Process*. Thousand Oakes, CA: Sage, 157-84.
- Gill, M. J. and Burrow, R. (2018). 'The function of fear in institutional maintenance: feeling frightened as an essential ingredient in haute cuisine'. *Organization Studies*, **39**, 445-65.
- Giorgi, S. (2017). 'The mind and heart of resonance: The role of cognition and emotion in frame effectiveness'. *Journal of Management Studies*, **54**, 711-38.
- Goodrick, E. and Reay, T. (2010). 'Florence Nightingale endures: Legitimizing a new professional role identity'. *Journal of Management Studies*, **47**, 55-84.
- Gosselin, R. A. and Robbins, J. (1999). *Inside pharmacy: the anatomy of a profession*. Lancaster, PA: Technomic Publishing Company.
- Green, S. E. Jr. and Li, Y. (2011). 'Rhetorical institutionalism: language, agency and structure in institutional theory since Alvesson 1993'. *Journal of Management Studies*, **48**, 1662-97.
- Green, S. E. Jr., Li, Y. and Nohria, N. (2009). 'Suspended in self-spun webs of significance: a rhetorical model of institutionalization and institutionally embedded agency'. *Academy of Management Journal*, **52**, 11-36.
- Greenwood, R., Suddaby, R. and Hinings, C. R. (2002). 'Theorizing change: the role of professional associations in the transformation of institutionalized fields'. *Academy of Management Journal*, **45**, 58-80.
- Griffenhagen, G. B. (2002). *150 Years of Caring*. Washington, DC: American Pharmaceutical Association.
- Grimshaw, J. (1990). *Linguistic Inquiry Monographs, 18: Argument Structure*. Cambridge, MA: MIT Press.
- Gupta, D. (2009). 'The power of incremental outcomes: how small victories and defeats affect social movement organizations'. *Mobilization*, **14**, 417-32.

- Hampel, C. E., Lawrence, T. B. and Tracey, P. (2017). 'Institutional work: taking stock and making it matter'. In Greenwood, R., Oliver, C., Lawrence, T. B. and Meyer, R. E. (Eds.), *The Sage Handbook of Organizational Institutionalism*, 2nd edition. Thousand Oaks, CA: Sage, 558-90.
- Harmon, D. J. (2019). 'When the fed speaks: arguments, emotions, and the microfoundations of institutions'. *Administrative Science Quarterly*, **64**, 542-75.
- Harmon, D. J., Green, S. E. and Goodnight, G. T. (2015). 'A model of rhetorical legitimation: the structure of communication and cognition underlying institutional maintenance and change'. *Academy of Management Review*, **40**, 76-95.
- Hepler, C. D. (1987). 'The third wave in pharmaceutical education and the clinical movement'. *American Journal of Pharmacy Education*, **51**, 369-85.
- Hepler, C. D. and Strand, L. M. (1990). 'Opportunities and responsibilities in pharmaceutical care'. *American Journal of Hospital Pharmacy*, **47**, 533-43.
- Herepath, A. and Kitchener, M. (2016). 'When small bandages fail: the field-level repair of severe and protracted institutional breaches'. *Organization Studies*, **37**, 1113-39.
- Herrick, J. A. (2001). *The History and Theory of Rhetoric: An Introduction*. Boston: Allyn and Bacon.
- Higby, G. J. (2003). 'From compounding to caring: an abridged history of American pharmacy'. In Knowlton, C. H. and Penna, R. P. (Eds.), *Pharmaceutical Care*. Bethesda, MD: American Society of Health-System Pharmacists, 19-42.
- Hogan, J.M. (2013) 'Persuasion in the Rhetorical Tradition'. In Dillard, J.P. and Shen, L. (Eds.) *The SAGE Handbook of Persuasion*. Thousand Oaks, CA: Sage, 2-19.
- Jarvis, L. C., Goodrick, E. and Hudson, B. A. (In press). 'Where the heart functions best: reactive-affective conflict and the disruptive work of animal rights organizations'. *Academy of Management Journal*.
- Jasper, J. M. (2011). 'Emotions and social movements: twenty years of theory and research'. *Annual Review of Sociology*, **37**, 285-303.
- Lawrence, T. B. and Suddaby, R. (2006). 'Institutions and institutional work'. In Clegg, S., Hardy, C., Lawrence, T. B. and Nord, W. R. (Eds.), *The Sage Handbook of Organization Studies*, 2nd edition. Thousand Oaks, CA: Sage, 215-54.
- Lawrence, T. B., Suddaby, R. and Leca, B. (2011). 'Institutional work: refocusing institutional studies of organization'. *Journal of Management Inquiry*, **20**, 52-58.
- Lok, J., Creed, W. E. D., DeJordy, R. and Voronov, M. (2017). 'Living institutions: bringing emotions into organizational institutionalism'. In Greenwood, R., Oliver, C., Lawrence, T. and Meyer, R. (Eds.), *The Sage Handbook of Organizational Institutionalism*, 2nd edition. Thousand Oaks, CA: Sage, 591-620.
- Lopez, S. J., Snyder, C. R. and Pedrotti, J. T. (2003). 'Hope: many definitions, many measures'. In Lopez, S. J. and Snyder, C. R. (Eds.), *Positive Psychological Assessment: A Handbook of Models and Measures*. Washington D.C.: American Psychological Association, 91-106.

- MacLean, M., Harvey, C., Suddaby, R. and O’Gorman, K. (2018). ‘Political ideology and the discursive construction of the multinational hotel industry’. *Human Relations*, **71**, 766-95.
- Malsch, B. and Gendron, Y. (2013). ‘Re-theorizing change: institutional experimentation and the struggle for domination in the field of public accounting’. *Journal of Management Studies*, **50**, 870-99.
- Meade, V. (1992). ‘APhA survey looks at patient counseling’. *American Pharmacy*, **32**, 27-29.
- Mena, S. and Suddaby, R. (2016). ‘Theorization as institutional work: the dynamics of roles and practices’. *Human Relations*, **69**, 1669-1708.
- Micelotta, E. R. and Washington, M. (2013). ‘Institutions and maintenance: the repair work of Italian professions’. *Organization Studies*, **34**, 1137-70.
- Moisander, J. K., Hirsto, H. and Fahy, K. M. (2016). ‘Emotions in institutional work: a discursive perspective’. *Organization Studies*, **37**, 963-90.
- Patriotta, G., Gond, J. P. and Schultz, F. (2011). ‘Maintaining legitimacy: controversies, orders of worth, and public justifications’. *Journal of Management Studies*, **48**, 1804-36.
- Phillips, N., Lawrence, T. B. and Hardy, C. (2004). ‘Discourse and institutions’. *Academy of Management Review*, **29**, 635-52.
- Posey, M. L. (2003). *Pharmacy: An Introduction to the Profession*. Washington, DC: American Pharmaceutical Association.
- Reay, T., Zilber, T., Langley, A. and Tsoukas, H. (2019) ‘Introduction: Institutions and Organizations: A Process View’ in Reay, T., Zilber, T., Langley, A. and Tsoukas, H. (Eds.), *Institutions and Organizations: A Process View*. Oxford University Press: Oxford UK.
- Riaz, S., Buchanan, S. and Ruebottom, T. (2016). ‘Rhetoric of epistemic authority: defending field positions during the financial crisis’. *Human Relations*, **69**, 1533-61.
- Rodowskas, C.A. and Gagnon, J. P. (1972). ‘Personnel activities in prescription departments of community pharmacies’. *Journal of the American Pharmaceutical Association*, **NS12**, 407-11.
- Rowles, B., Keller, S. and Gavin, P. (1974). ‘The pharmacist as compounder and consultation’. *Drug Intelligence & Clinical Pharmacy*, **8**, 242-44.
- Ruebottom, T. (2013). ‘The microstructures of rhetorical strategy in social entrepreneurship: building legitimacy through heroes and villains’. *Journal of Business Venturing*, **28**, 98-116.
- Sadeh, L. J. and Zilber, T. B. (In press). ‘Bringing ‘together’: emotions and power in organizational responses to institutional complexity’. *Academy of Management Journal*.
- Schiffrin, D., Tannen, D. and Hamilton, H. E. (2003). *The Handbook of Discourse Analysis*. Malden, MA: Blackwell Publishing.
- Schildt, H. A., Mantere, S. and Vaara, E. (2011). ‘Reasonability and the linguistic division of labor in institutional work’. *Journal of Management Inquiry*, **20**, 82-86.
- Schommer, J. C., Pedersen, C. A., Doucette, W. R., Gaither, C. A., and Mott, D. A. (2002). ‘Community pharmacists work activities in the United States during 2000’. *Journal of the American Pharmaceutical Association*, **42**, 399-406.

- Scott, W. R. (2008). *Institutions and Organizations*, 3rd edition. Thousand Oaks, CA: Sage.
- Smith, W. R. (1969). *The Rhetoric of American Politics*. Westport, CT: Greenwood Publishing.
- Sonnedecker, G. (1986). *Kremers and Urdang's History of Pharmacy*, 4th edition. Madison, WI: American Institute of the History of Pharmacy.
- Spetz, J., Cawley, J. F. and Schommer, J. (2017). 'Transformation of the nonphysician health professions'. In Hoff, T. J., Sutcliffe, K. M. and Young, G. J. (Eds.), *The Healthcare Professional Workforce: Understanding Human Capital in a Changing Industry*. New York: Oxford University Press, 51-72.
- Spielberger, C. D., Johnson, E., Russell, S., Crane, R., Jacobs, G., and Worden, T. (1985). 'The experience and expression of anger: construction and validation of an anger expression scale'. In Chesney, M. A. and Rosenman, R. G. (Eds.), *Anger and Hostility in Cardiovascular and Behavioral Disorders*. New York: Hemisphere, 5-30.
- Stets, J. E. and Turner, J. H. (Eds.) (2006). *Handbook of the Sociology of Emotions*. New York: Springer.
- Suddaby, R. and Greenwood, R. (2005). 'Rhetorical strategies of legitimacy'. *Administrative Science Quarterly*, **50**, 35-67.
- Symon, G., Buehring, A., Johnson, P. and Cassell, C. (2008). 'Positioning qualitative research as resistance to the institutionalization of the academic labour process'. *Organization Studies*, **29**, 1315-36.
- Toubiana, M. and Zietsma, C. (2017). 'The message is on the wall? Emotions, social media and the dynamics of institutional complexity'. *Academy of Management Journal*, **60**, 922-53.
- Tracey, P. (2016). Spreading the word: The microfoundations of institutional persuasion and conversion. *Organization Science*, **27**, 989-1009.
- Turner, J. H. and Stets, J. E. (2005). *The Sociology of Emotions*. New York: Cambridge University Press.
- US Department of Health & Human Services. (2000). *A Report to Congress on the Pharmacists Workforce: A Study of the Supply and Demand for Pharmacists*. Washington DC: Government Printing Office.
- van Dijk, T. A. (1995). 'Discourse semantics and ideology'. *Discourse & Society*, **6**, 243-89.
- Vivian, J. C. and Fink, J. L. (2008). 'OBRA '90 at sweet sixteen: A retrospective review'. *U.S. Pharmacists*, **33**, 59-65.
- Voronov, M. and Vince, R. (2012). 'Integrating emotions into the analysis of institutional work'. *Academy of Management Review*, **37**, 58-81.
- Weaver, R. M. (1967). *Rhetoric and Composition: A Course in Writing and Reading*. New York: Holt, Rinehart, and Winston.
- Wetherell, M., Taylor, S. and Yates, S. J. (2001). *Discourse as Data: A Guide for Analysis*. Thousand Oaks, CA: Sage.
- Whitney, H.A.K. Jr. and Nahata, M.C. (2009). *Evolution of Clinical Pharmacy*. Cincinnati, OH: Harvey Whitney Books.

- Williams, F. C. (1998). *A Century of Service and Beyond: A History of One Hundred Years of Leadership for Independent Pharmacy*. Alexandria, VA: NCPA.
- Wright, A. L., Zammuto, R. F. and Liesch, P. W. (2017). 'Maintaining the values of a profession: institutional work and moral emotions in the emergency department'. *Academy of Management Journal*, **60**, 200-37.
- Wurff, A. V. D. and Stringer, P. (1988). 'Measuring fear of crime in residential environments'. In Canter, D., Jesuino, J. C., Soczka, L. and Stephenson, G. M. (Eds.), *Environmental Social Psychology*. Dordrecht, Netherlands: Springer, 135-48.
- Zellmer, W. A. (2003). 'The role of pharmacy organizations in transforming the profession: The case of pharmaceutical care'. In Knowlton, C. H. and Penna, R. P. (Eds.), *Pharmaceutical Care*. Bethesda, MD: American Society of Health-System Pharmacists, 43-56.
- Zietsma, C. and Toubiana, M. (2018). 'The valuable, the constitutive, and the energetic: exploring the impact and importance of studying emotions and institutions'. *Organization Studies*, **39**, 427-43.
- Zoeller, J. (1998). 'Patient care practice is taking hold'. *American Druggist*, **215**, 44-46.

TABLE 1
Summary of Arguments Structures Used in the Text

<i>Argument</i>	<i>Basis of suasion</i>	<i>Example</i>	<i>Explanation</i>
Arguments incorporating emotion			
Argument by relations	Depend upon antecedent-consequence links where X leads to Y.	‘If the profession can shift the emphasis from reimbursing pharmacists for distributing a product to compensating pharmacists for services provided.., pharmacy will enter a new and exciting era’	The X of changing the way pharmacists are reimbursed is linked to the Y of pharmacy entering a new era.
Argument by comparison	Depend upon the similarity and differences between two things.	‘With more vigor and sincerity than any other profession in the United States, pharmacy has initiated and supported legislation requiring higher standards for itself and its products.’	Comparison is the difference between pharmacy and other professions regarding initiation of legislation.
Argument by circumstances	Depend upon establishing the necessary actions to take as the result of present conditions.	‘There has never been a more opportune time in the 126 year history of your association for pharmacists to broaden their roles in the health professions than now.’	The necessary action of broadening pharmacists’ roles is argued to be dependent upon the present condition being the most opportune time in history to do so.
Arguments not incorporating emotion			
Argument by definition	Depend upon logic. Implicit syllogism in which conclusions follow from acceptance of the premises.	‘When two years of practical experience is substituted [as by Oklahoma pharmacy board] for formal academic training .. then pharmacy as a professional entity is threatened.’	Rearranged and reduced to a syllogism: Professional standing is threatened by lessening of educational requirements pharmacy is a profession’ thus pharmacy is threatened by substitution of experience for education.
Argument by testimony	Depend upon respect for authority as embodied in experts, statistics, precedent, and laws.	‘In these words in 1948, the surgeon general of the U.S. Public Health Service,,,endowed the pharmacist with the role of consultant in a community health information center.’	The position of the surgeon general is relied upon to legitimate a particular role for pharmacists.

TABLE 2
Additional Examples by Argument and Emotion

<i>Argument type</i>	<i>Emotion</i>	<i>Exemplars from the data</i>	<i>Rhetorical purpose</i>
Argument by relation	Fear	There will be no professional tomorrow unless every pharmacist is made to realize today what we are fighting for! (May 1961)	Incorporates fear by linking pharmacists' mercantile practices to negative consequence (professional demise).
		A profession that does not seek to advance itself whenever the opportunity arises, will stagnate and eventually disintegrate as an independent profession. (July 1983)	Incorporates fear by linking nonadvancement of the profession to negative consequence (disintegration of the profession).
		[Pharmacists must be] more successful in demonstrating the value of comprehensive pharmaceutical services [because old practices, like] the less visible coals...beneath the surface...that must be extinguished because they can spring to life. (July 1987)	Incorporates fear by linking pharmacists' nondemonstration of the value of pharmaceutical services to negative consequence (return to a less professional past).
	Hope	If we serve as professional men, we will be compensated as professional men. (August 1961)	Incorporates hope by linking the performance of professional practices to positive consequence (increased compensation).
		If challenges result in pharmacists reexamining how they can improve the quality of the health services they provide--rather than trying to keep things exactly the way they are--patients will benefit, the public will benefit, and yes, pharmacists will benefit. (February 1989)	Incorporates hope by linking professional introspection to positive consequence (greater public and professional benefit).
		But if the profession can shift the emphasis from merely reimbursing pharmacists for distributing a product to the patient to compensating pharmacists for services provided--such as prospective drug use review, patient counseling, extensive disease education, screening services, home care consultation, pharmacy will enter a new and exciting era. (March 1993)	Incorporates hope by linking per-service compensation administration to positive consequence (professional revival).

	Shame	If, however, we are to meet the challenges of an uncertain time, the charges of an uninformed or misinformed public, as well as the need to maintain professional prestige, we will have to face up to our individual and associated professional responsibilities. (February 1960)	Incorporates shame by linking shirking of pharmaceutical responsibilities to negative outcome (misinformed public and poor public prestige).
		A patient labeling program mandated by FDA will probably accomplish little, but the threat of such a regulation can be the stimulus to move the profession out of its tradition-bound inactivity. Only a strong indication by the profession that it is willing fulfill its responsibilities voluntarily has any chance of diverting FDA from its charted course. (November 1979)	Incorporates shame by linking “tradition bound inactivity” to negative outcome (further regulation of profession).
		Public demand can be created in part by pharmacy organizations. That's why many state pharmacy organizations are engaged in public relations efforts and why APhA has embarked on its national public awareness campaign...But in the final analysis, the key lies with each and every pharmacist. The profession will be able to convince the public of the value of pharmacy services only if and when each and every pharmacist provides them. (January 1990)	Incorporates shame by linking nonprovision of pharmaceutical services to negative outcome (value not understood).
Argument by comparison	Shame	In too many instances today the public is being served by a "phantom" pharmacist and the personal opportunity for the professional practitioner to help create a warmer emotional climate does not exist. (November 1961)	Incorporates shame by highlighting the difference in the emotional climate of pharmacies run by “phantom” pharmacists to those run by pharmacists performing their professional duties.
		Yet, there still are pharmacists who do not yet understand or refuse to accept their responsibility to serve as a source of professional guidance to the self- medicating public (January 1970)	Incorporates shame by comparing pharmacists refusing to accept their responsibilities to those that actively serve as a source of professional guidance to the public.
		The fact is that all across this land, conflicting images of the profession are being projected—one by those who are practicing pharmacy as it should be practiced and another by those who market the profession as though it were a simple commodity. (December 1987)	Incorporates shame by comparing the negative image projected by pharmacists “who market the profession as though it were a simple commodity” with those practicing pharmacy “as it should be practiced.”

	Anger	The Justice Department has attacked the use of “prescription pricing schedules” which are in fact as well in practice, fee schedules for professional services. Are pharmacists to be denied their professional heritage and the legal right to establish their own fees for professional services? (May 1961)	Incorporates anger by comparing Justice Department’s depiction of prescription fee schedules as inappropriate with pharmacists’ depiction of these practices as merited compensation.
		... the FDA took the arbitrary position that samples bearing such legends as "Physician's Sample" were illegal in the possession of pharmacists, and began a series of seizures. (August 1974)	Incorporates anger by comparing FDA’s depiction of pharmacists as engaging in inappropriate practices with pharmacists’ depiction of these practices as appropriate.
		We in the profession take our patient service responsibility for granted, but sometimes we wonder if others outside the profession know and appreciate it. We especially feel that way about government officials. We ask, “Why don’t they understand that pharmacists are not simply distributors of a commodity: prescription drug products? (December 1989)	Incorporates anger by comparing government officials’ depiction of pharmacists as “distributors of a commodity” with pharmacists’ understanding of themselves as learned, skilled professionals.
Argument by circumstances	Hope and fear	The time has now passed when we can simply sit idly by, nodding our heads as we are told that we should be taking an active part in these various health programs. The time is here to become involved. (January 1965)	Incorporates hope by linking positive outcomes to active participation in various health programs and incorporates fear by suggesting time to do so is limited.
		Thus, the time is ripe for a maximum effort to re-establish public understanding of the proper use of medicines and the need for professional guidance in the use of all drugs. The informed pharmacist, with the tools now available from APhA, can and must take a prime role in this education campaign. (August 1970)	Incorporates hope by linking use of APhA tools to improving the public’s understanding and image of pharmacists and incorporates fear by implying the time to do so is limited.
		Pharmacists and pharmacy students have come to realize that it is time to move past discussions on the impact of pharmaceutical care and disease state management. The profession can no longer afford to just talk about our plans for the future of health care. It is time to move beyond the boundaries that prevent us from implementing pharmaceutical care models into practice and time to be the professionals that we claim to be. (July 2000)	Incorporates hope by linking implementation of pharmaceutical care models to pharmacists becoming highly recognized professionals and incorporates fear by implying time to do so is limited.

TABLE 3
Summary of Pharmacists Practices & Overall Appeals by Phase

	<i>Phase 1</i>	<i>Phase 2</i>	<i>Phase 3</i>
	Raising Awareness of Threats (1960-1964)	Advocating an Expanded Professional Role (1965-1990)	Promoting “Pharmaceutical Care” (1991-2003)
Pharmacist Practices	Strong reliance on commercial aspects & profitability in response to lost value of compounding medications. By end of phase, acknowledgement that new roles are needed	Practices remain largely confined to dispensing prepared medications, but some pharmacists begin trying “clinical pharmacy,” relying on untapped professional expertise.	Continued expansion of pharmacists’ roles and pharmacists’ adoption of them. Reinforced by supportive federal and state legislation.
Overall appeals	Making threat to profession clear and pharmacists’ role in possible demise. No clear solution offered.	Making plea that pharmacists adopt broader professional roles as set out by professional association rather than only dispensing medications.	Making appeals to guard against complacency and for laggards to adopt APhA’s standards for practice.

TABLE 4
Summary of Arguments by Emotion and Phase

		<i>Phase 1</i>	<i>Phase 2</i>	<i>Phase 3</i>
Argument	Emotion	Raising Awareness of Threats (1960 – 1964)	Advocating an Expanded Professional Role (1965-1990)	Promoting “Pharmaceutical Care” (1991 – 2003)
Arguments by relation	Fear	Presenting bleak picture unless fought against threats.	Failure to adopt new practices linked to demise of professional pharmacy	Linked a negative future to pharmacists not being on guard to return to old ways.
	Hope	Encouraging pharmacists to believe that it was possible to prevent demise.	Encouraging pharmacists to believe that revitalizing profession was possible by broadening professional roles.	Encouraging pharmacists to believe that continuing to adopt broader roles would result in continual renewal of the profession.
	Shame	Pharmacists’ lack of appropriate action linked to possible decline of the profession.	Linking pharmacists’ lackluster interest in the association’s efforts to rebuild the profession to the possibility that the profession would not survive.	Linking pharmacists practices to obligation of all pharmacists to practice in ways consistent with pharmaceutical care.
Arguments by comparison	Shame	Contrast between pharmacists’ focus on commercial practice and association’s focus on health services.	Contrast between pharmacists’ focus on dispensing only to broader roles set out by association. Same message to narrower audience as pharmacists changed their practices.	Contrast between pharmacists who had adopted the broader roles set out by the association and those who had not.
	Anger	Contrast between others views of pharmacists as commercial and pharmacists’ views of themselves as professionals.	Contrast between others views of pharmacists as confined to dispensing medication to pharmacists’ views of themselves as having broad important roles.	Contrasting legal mandates preventing pharmacists from fully enacting new professional roles to pharmacists’ view of themselves as broadly capable.
Arguments by circumstances	Hope and fear	Present circumstances presented as critical with urgency of taking action now.	Present circumstance presented as supportive of broader professional roles desired by association.	Present circumstance as providing opportunities for further professional development.

TABLE 5
Total and Mean of Argument Types by Emotion and Phase

Argument	Emotion		<i>Phase 1</i>	<i>Phase 2</i>	<i>Phase 3</i>
			Raising Awareness of Threats (1960-1964)	Advocating an Expanded Professional Role (1965-1990)	Promoting Pharmaceutical Care (1991-2003)
Argument by relation	Fear	Average per year	4.6	1.1	0.46
		Total	24	29	6
	Hope	Average per year	4.2	2.5	1.38
		Total	21	74	18
	Shame	Average per year	3.0	1.31	0.54
		Total	15	34	7
Argument by comparison	Shame	Average per year	4.2	2.35	0.92
		Total	21	61	11
	Anger	Average per year	4.4	1.02	0.19
		Total	22	27	2
Argument by circumstances	Hope & fear	Average per year	0.80	1.63	.92
		Total	4	43	12